

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

NOTIFICATION OF LICENSED PUBLIC ACCOUNTANT*

Provider Agency Name: _____
Address: _____
Contact Individual and Title: _____

Telephone No. _____ Agency Fiscal Year to be Audited: _____

Federal ID No. _____ Charities Registration No.: _____

List All State and Federal Financial Funding During the Fiscal Year Under Audit

<u>Department</u>	<u>Division</u>	<u>Contract No.</u>	<u>Contract Period</u>	<u>Contract Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Use back of form to list additional State and Federal Funding

Licensed Public Accountant (attach photocopy of firm's license to practice, **and most recent external quality control review**)

Firm Name: _____
Address: _____
Telephone No.: _____ Firm License No.: _____
E-Mail Address: _____
Currently Licensed to practice in the State(s) of: _____ Expiration Date: _____
Contact Individual and Title: _____

Certification:

I certify that we are aware of the requirements in DCF.P7.06 and that the audit will comply with this policy.

LPA Signature _____ **Title** _____

Audit Report Deficiencies- Does your firm have any outstanding audit reports with deficiencies for any provider agency contracting with any NJ State Department? ☐ YES ☐ NO

I certify that the above information is accurate. Any inaccurate information may result in termination of your contract with the provider listed above.

Provider Signature _____ **Title** _____

*This Notification (NLPA) is to be sent to the Department of Children and Families' Office of Auditing with the completed audit report. Although the NLPA form and the audit report shall be submitted together, all of the information in the NLPA form should relate to the subsequent year of the completed audit report. The anticipated completion date should not be more than 120 days after the end of the fiscal year. The Provider Agency and the licensed public accountant should fill out this form to this point in its entirety.

For Use By DCF Office of Auditing

Date Received: _____ Audit Control No.: _____
Date Verified: _____ By: _____ Licensed: _____
Division: _____ Approved: ☐ Not Approved: ☐